

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. KAIZAD P. TAMBOLI**

Mailing Address 4333 15TH ST  
STE A

City State Zip Code  
GULFPORT MS 39501-2525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.152204**

Date of Receipt

M M / D D / Y Y Y Y  
09 29 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**B. Full Name (Last, First, Middle Initial)**

**MR. CRAIG TAMCHIN**

Mailing Address 401 E 80TH ST

City State Zip Code  
NEW YORK NY 10075-0655

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CRAIG TAMCHIN

Occupation  
SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.131903**

Date of Receipt

M M / D D / Y Y Y Y  
07 25 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**C. Full Name (Last, First, Middle Initial)**

**MR. CURTIS S. TAMKIN**

Mailing Address 1230 STONE CANYON RD

City State Zip Code  
LOS ANGELES CA 90077-2920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.129821**

Date of Receipt

M M / D D / Y Y Y Y  
07 27 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....